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CONFIRMATION NO. 9000

Bib Data Sheet

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|-----------------------------|---------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/630,131 | FILING DATE 07/30/2003 | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. ICUMM.011C8C5 |
|-----------------------------|---------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/163,403 06/05/2002 PAT 6,669,673
 which is a CON of 09/569,712 05/09/2000 PAT 6,572,592
 which is a CON of 08/905,370 08/04/1997 ABN
 which is a CON of 08/334,846 11/04/1994 PAT 5,685,866
 which is a CON of 08/096,659 07/23/1993 PAT 5,695,466
 which is a CIP of PCT/US92/10367 12/01/1992
 which is a CIP of 07/813,073 12/18/1991 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/06/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|-----------------------------------|---|---------------------|------------|--------------|--------------------|
| 35 USC 119 (e)-(d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Not after Allowance | DRAWING 19 | 24 | 3 |

VERIFIED AND ACKNOWLEDGED

Examiner's Signature
 Initials

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20995
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TITLE

Medical valve and method of use

| | | |
|--------------------------------|---|---|
| FILING FEE RECEIVED 4372 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
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